

Account Application

Complete and return to Putnam Investor Services, P.O. Box 41203, Providence, RI 02940-1203. For additional information, ask your financial advisor or call a shareholder representative at 1-800-225-1581, weekdays, 8:30 a.m. to 8:00 p.m., Saturday, 9:00 a.m. to 5:00 p.m. Eastern Time. For retirement accounts, request the appropriate retirement application.

1. Account registration Complete only one section. Print clearly in CAPITAL LETTERS.

INDIVIDUAL OR JOINT ACCOUNT

(please check one) Mr. Mrs. Ms.
 Middle initial Last

Owner's Social Security number
 (used for tax reporting)

Owner's date of birth
 Month Day Year

Joint Owner's first name

Middle initial Last

Joint Owner's Social Security number

The account will be registered "Joint Tenants with Rights of Survivorship" unless you check a box below:

Tenants in common Tenants by entirety Community property

GIFT/TRANSFER TO A MINOR (UGMA/UTMA)

Custodian's first name

Middle initial Last

Minor's first name

Middle initial Last

Minor's Social Security number
 (required)

Minor's date of birth
 Month Day Year

Donor's state

TRUST Please check only one of the trustee types:

Trustee: Individual or organization name
 First

Person as trustee

Organization as trustee

Middle initial Last

and Co-trustee's name, if applicable
 First

Middle initial Last

Name of trust

For the benefit of
 First

Middle initial Last

Trust's taxpayer identification number

Date of trust
 Month Day Year

ORGANIZATION OR BUSINESS ENTITY

Check one: Corporation Partnership Other

Name of entity

Entity's taxpayer identification number



2. Address

Mailing address (including apartment or box number)

Mailing address (continued)

City **State** **Zip**

Home phone **Work phone**

For mailing address outside the U.S.:
Country of residence

Province

Foreign routing or postal code

TAX RESIDENCY OF OWNER

Specify foreign country of permanent residence for tax purposes

U.S. citizen or resident alien

Exempt foreign citizen

3. Amount, fund selection, and distribution options

The minimum for each fund is \$500, except for money market funds (\$1,000). Class A, B, and M shares are available only on terms set forth in the prospectus under **How to buy shares**. If no class of shares is selected, class A shares will be purchased.

Checks should be made payable to The Putnam Funds.

DISTRIBUTION OPTIONS

1. Reinvest all dividends and capital gains, without a sales charge in the fund. (This option is automatic if no other options are checked.)

2. Reinvest capital gains while sending me regular income distributions in cash. (Not available for all funds. For some, short-term capital gains are paid in cash. Please see the prospectus under **How distributions are made**.)

3. Send all my distributions in cash. (For direct deposit into a bank account, fill in bank information in Section 12. For payments to a third party, please fill in Section 13.)

4. Reinvest dividends under the Dividends PLUS program in another Putnam fund. (Capital gains are reinvested in the original fund.)

PLEASE SELECT THE FUND ABBREVIATION FROM THE FAMILY OF FUNDS LIST PROVIDED ON THIS APPLICATION.

If the fund is not listed, call 1-800-225-1581 to get the fund abbreviation.

FIRST INVESTMENT

Fund abbreviation **Class of shares** (circle one) **Amount**

A B M \$

Select a distribution option (see above for a complete description)

Option 1 Option 2 Option 3 Option 4, reinvest dividends in fund listed to the right:

SECOND INVESTMENT

Fund abbreviation **Class of shares** (circle one) **Amount**

A B M \$

Select a distribution option (see above for a complete description)

Option 1 Option 2 Option 3 Option 4, reinvest dividends in fund listed to the right:

THIRD INVESTMENT

Fund abbreviation **Class of shares** (circle one) **Amount**

A B M \$

Select a distribution option (see above for a complete description)

Option 1 Option 2 Option 3 Option 4, reinvest dividends in fund listed to the right:

TRADE DATE

A dealer made the purchase on the owner's behalf on:

Month Day Year

Confirmation number

0 3 NEWCASTLE

4. Financial advisor Mail Application to: Atlantic Financial, 9 Crest Rd Suite #9, Wellesley, MA 02482
Registered representative's first name Bruce **Middle initial Last** Fenton

Investment firm Atlantic Financial/Cantella & Co.

Branch street address 555 Washington Street, Suite #1 **City** Wellesley

State Zip MA 02482 **Phone** 781-235-5777

Dealer number 13677 **Branch number** 514 **Rep number** R27 Fenton

5. Cost basis method

The cost basis option is used to compute the cost of shares you redeem or exchange for tax-reporting purposes. To determine the appropriate option for you, please consult your financial advisor. **If no option is checked, average cost basis will be used.**

Average cost High cost Low cost First In, First Out (FIFO)

6. Telephone redemption privilege

Unless I have checked the box to the right, Putnam Investor Services is authorized to act upon instructions received by telephone from me or any other person claiming to act as my representative who can provide Putnam with my account registration and address as it appears on Putnam's records. Redemption of uncertificated shares up to \$100,000 will be sent only to me at an address that has been on record with Putnam for at least 15 days.

Putnam will employ reasonable procedures to confirm that instructions received by telephone are genuine; otherwise,

Putnam may be liable for losses due to unauthorized or fraudulent instructions.

I agree to indemnify and hold harmless Putnam Investor Services and any Putnam funds that may be involved in transactions authorized by telephone against any claim, loss, expense, or damage, including reasonable fees of investigation and counsel, in connection with any telephone transaction effected on my account.

I do NOT wish to authorize automatic telephone redemption.
Accept only written instruction signed by me and all registered owners.

7. Account Certification and Authorization (required)

We must have signatures to process your Application and to certify your taxpayer identification number, which is located in section 1.

(Check boxes that apply.)

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER (Substitute Form W-9)

I am a U.S. citizen or a resident alien. I certify, under penalties of perjury, that (1) the taxpayer identification number in Section 1 is correct (or I am waiting for a number to be issued to me) and (cross out the following if not true) (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

CERTIFICATE OF FOREIGN STATUS (Substitute Form W-8)

I am an exempt foreign citizen. I certify, under penalties of perjury, that, for dividends, I am not a U.S. citizen or resident alien (or I am filing for a foreign corporation, partnership, estate, or trust) and I am an exempt foreign person. I have entered in Section 2 of this application the country where I reside permanently for income-tax purposes.

FOR ORGANIZATIONS AND BUSINESS ENTITIES EXEMPT FROM BACKUP WITHHOLDING

I qualify for exemption and my account will not be subject to tax reporting and backup withholding.

MY SIGNATURE BELOW INDICATES I HAVE READ THE FUND PROSPECTUS AND AGREE TO THE TERMS THEREIN AND HEREIN.

The Internal Revenue Service does not require our consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Owner

Date (month, day, year)

Signature of Joint Owner

Date (month, day, year)

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8. Reduced sales charges (optional)

RIGHTS OF ACCUMULATION To qualify for sales discounts on class A shares, list below the account numbers of all classes of shares of other Putnam funds that you or your immediate family (spouse and children under 21) already owns.

Account number

Account number

STATEMENT OF INTENTION I agree to the terms of the Statement of Intention conditions set forth in the Statement of Additional Information (including the-escrowing of shares). Although I am not obligated to do so, it is my intention to invest over a 13-month period in shares of one or more Putnam funds in an aggregate amount at least equal to:

\$25,000 \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

*Not available for all funds. See **How to buy shares** in the prospectus.

9. Systematic investment plans (optional)

SYSTEMATIC INVESTING FROM A BANK ACCOUNT OR CREDIT UNION

Invest the following amount (minimum \$25) in the following fund(s). Withdrawals will be made monthly on the day of the month specified (any day, 1st through 28th) as the starting date. Please be sure your bank or credit union allows funds to be withdrawn by means of electronic funds transfer. Please also complete Section 12 if you have chosen this investment method.

Please select the fund abbreviation from the Family of Funds list provided on this application.

FIRST ACCOUNT

To: Fund abbreviation **Beginning**
Month Day Year **Amount**
(\$25 minimum)

\$

SECOND ACCOUNT

To: Fund abbreviation **Beginning**
Month Day Year **Amount**
(\$25 minimum)

\$

THIRD ACCOUNT

To: Fund abbreviation **Beginning**
Month Day Year **Amount**
(\$25 minimum)

\$

SYSTEMATIC INVESTING FROM A PUTNAM ACCOUNT

Transfer the following amounts (minimum \$50) on the monthly, quarterly, semiannual, or annual dates indicated (any day, 1st through 28th) to the Putnam accounts listed below. I understand that I can temporarily stop or cancel this service at any time by phone or in writing. This section may not be used to set up a systematic exchange for Money Market Class B. Please use "Money Market Class B Systematic Exchange Form" for this purpose. **Please select the fund abbreviation from the Family of Funds list provided.**

FIRST ACCOUNT

To: Fund abbreviation **Frequency** Monthly Quarterly **From:**
Semiannually Annually **Fund abbreviation**

Beginning **Amount**
Month Day Year **(\$50 minimum)**

\$

SECOND ACCOUNT

To: Fund abbreviation **Frequency** Monthly Quarterly **Amount**
Semiannually Annually **(\$50 minimum)**

Beginning **Amount**
Month Day Year **(\$50 minimum)**

\$

THIRD ACCOUNT

To: Fund abbreviation **Frequency** Monthly Quarterly **Amount**
Semiannually Annually **(\$50 minimum)**

Beginning **Amount**
Month Day Year **(\$50 minimum)**

\$



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Putnam's Family of Funds

| FUND GROUP | FUND ABBREVIATION | FUND NAME | FUND GROUP | FUND ABBREVIATION | FUND NAME |
|---------------------|---|---|------------------------------|-------------------|---|
| Growth | ASIAPA | Putnam Asia Pacific Growth Fund | Tax-Free | ARIZTE | Putnam Arizona Tax Exempt Income Fund |
| | CAPOPP | Putnam Capital Opportunities Fund | | CALTEI | Putnam California Tax Exempt Income Fund |
| | DIVEQT | Putnam Diversified Equity Trust | | CALTEM | Putnam California Tax Exempt Money Market Fund |
| | EMERGE | Putnam Emerging Markets Fund | | FLORID | Putnam Florida Tax Exempt Income Fund |
| | EUROPE | Putnam Europe Growth Fund | | MASSTE | Putnam Massachusetts Tax Exempt Income Fund |
| | GLOBGR | Putnam Global Growth Fund | | MICHTE | Putnam Michigan Tax Exempt Income Fund |
| | NATURE | Putnam Global Natural Resources Fund | | MINNTE | Putnam Minnesota Tax Exempt Income Fund |
| | HEALTH | Putnam Health Sciences Trust | | MUNICI | Putnam Municipal Income Fund |
| | GROWOP | Putnam Growth Opportunities Fund | | NEWJTE | Putnam New Jersey Tax Exempt Income Fund |
| | INTGRO | Putnam International Growth Fund | | NYTEIN | Putnam New York Tax Exempt Income Fund |
| | INTNEW | Putnam International New Opportunities Fund | | NYTEMM | Putnam New York Tax Exempt Money Market Fund |
| | INTVOY | Putnam International Voyager Fund | | NYTEOP | Putnam New York Tax Exempt Opportunities Fund |
| | INVEST | Putnam Investors Fund | | OHIOTE | Putnam Ohio Tax Exempt Income Fund |
| | OTCEGR | Putnam OTC Emerging Growth Fund | | PENNTE | Putnam Pennsylvania Tax Exempt Income Fund |
| | RESRCH | Putnam Research Fund | | TAXEIN | Putnam Tax Exempt Income Fund |
| | VISTAF | Putnam Vista Fund | | TAXEMM | Putnam Tax Exempt Money Market Fund |
| | VOYAGE | Putnam Voyager Fund | | TAXFHY | Putnam Tax-Free High Yield Fund |
| VOYGII | Putnam Voyager Fund II | TAXFIN | Putnam Tax-Free Insured Fund | | |
| Growth & Income | BALRET | Putnam Balanced Retirement Fund | Lifestage | AAGROW | Putnam Asset Allocation Funds: Growth Portfolio |
| | CONVER | Putnam Convertible Income-Growth Trust | | AABALA | Putnam Asset Allocation Funds: Balanced Portfolio |
| | EQUITY | Putnam Equity Income Fund | | AACONS | Putnam Asset Allocation Funds: Conservative Portfolio |
| | GEORGE | The George Putnam Fund of Boston | | | |
| | GROWIN | The Putnam Fund for Growth and Income | | | |
| | GROW2 | Putnam Growth and Income Fund II | | | |
| | GLGRIN | Putnam Global Growth and Income | | | |
| | INGRIN | Putnam International Growth and Income Fund | | | |
| NEWVAL | Putnam New Value Fund | | | | |
| UTILGI | Putnam Utilities Growth and Income Fund | | | | |
| Income | AMERGV | Putnam American Government Income Fund | | | |
| | DIVINC | Putnam Diversified Income Trust | | | |
| | GLOBGV | Putnam Global Governmental Income Trust | | | |
| | HIGHQB ¹ | Putnam High Quality Bond Fund | | | |
| | HIGHAD | Putnam High Yield Advantage Fund | | | |
| | HIGHTO | Putnam High Yield Total Return Fund | | | |
| | HIGHT2 | Putnam High Yield Trust II | | | |
| | INCOME | Putnam Income Fund | | | |
| | INTGOV | Putnam Intermediate U.S. Government Income Fund | | | |
| | MONEYM | Putnam Money Market Fund | | | |
| PREFER | Putnam Preferred Income Fund | | | | |
| STRATG ₂ | Putnam Strategic Income Fund | | | | |
| USGOVI | Putnam U.S. Government Income Trust | | | | |

If you have any questions or if you wish to receive a copy of a fund prospectus, which contains information about fees, expenses, and risk, please consult your financial advisor or call a Putnam customer service representative at 1-800-225-1581. Please read the prospectus carefully before you invest or send money.

1 Formerly Putnam Federal Income Trust

2 Formerly Putnam Diversified Income Trust II



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10 Check writing (optional) Mail Application to: Atlantic Financial, 9 Crest Rd #9, Wellesley, MA 02482

Check writing is an optional feature for selected Putnam funds. See the prospectus under **How to sell shares**. There is a \$500 minimum for each check written.

Please send me information needed to establish check writing on my Putnam fund accounts.

11 Systematic withdrawal plan (optional)

Periodic payments of \$50 or more are available only for accounts with balances of \$10,000 or more. You may request a specific dollar amount or annualized percentage of the market value of your account to be withdrawn on the day of the month specified (any day, 1st through 28th). Deferred sales charges may apply to some redemptions as described in the prospectus under **How to buy shares and How to sell shares**. Please select the fund abbreviation from the Family of Funds list provided on this application.

I wish to activate the systematic withdrawal plan for

Fund abbreviation Beginning
Month Day Year

for schedule

' Monthly ' Quarterly
' Semiannually ' Annually

I would like a check for each payment period for the following dollar amount (\$50 minimum) O R

\$

I would like to receive a check each payment period representing an annualized percentage of my account of

%

SEND THIS DISTRIBUTION BY

' Check to address of record
(as it appears in Section 2)

' Electronic transfer to my bank or credit union account
(Please complete Section 12 if you have chosen this distribution method.)

' Check to third party
(Please complete Section 13, Payments to others.)

12 Bank account or credit union information (optional)

This information will be used for ' Distributions (Sect. 3) ' Systematic investments (Sect. 9) ' Systematic withdrawals (Sect.11)

' Checking account Bank or credit union s ABA route number
(available from the bank or credit union) Bank or credit union account number
' Savings account

Tape your voided check or deposit slip here

Bank and credit union routing information.

For deposits or withdrawals to your checking account, please tape a voided check so we may get bank or credit union account information.

For deposits or withdrawals to a savings account, please tape a preprinted deposit slip.
(Do not staple the slips.)

13 Payments to others (optional)

To send systematic withdrawals (Section 11) or distributions (Section 3) to a third party, please fill in the appropriate information below.

This address will be used for (check one): ' Systematic withdrawals ' Distributions
First name, insurance or other company name Middle initial Last

Registration name and account or insurance policy number (if applicable)

Address (including apartment or box number)

City State Zip

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